

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90044 040 ****61.25

DOCUMENT # N43479

1. Entity Name
MID EASTERN DANCE EXCHANGE, INC.



Principal Place of Business

**350 LINCOLN RD.
#505
MIAMI BEACH FL 33139**

Mailing Address

**350 LINCOLN RD.
#505
MIAMI BEACH FL 33139**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0211076**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TAMALYN, HARRIS
1535 DREXEL AVE
3
MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **HARRIS, TAMALYN**
STREET ADDRESS **624 MICHIGAN AVE. #4**
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **VP** ☐ Delete
NAME **ARWEIMA, BEATRIZ**
STREET ADDRESS **8814 SW 114TH PLACE**
CITY-ST-ZIP **MIAMI FL 33173**

TITLE **SD** ☒ Delete
NAME **INFANTE, TERESA**
STREET ADDRESS **7740 TATUM WATERWAY DR #8**
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **T** ☒ Delete
NAME **MONTAGUE, CARYN**
STREET ADDRESS **19308 NE 25TH AVENUE 192**
CITY-ST-ZIP **MIAMI FL 33180**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME **HARRIS, Tamalyn**
STREET ADDRESS **1535 Drexel AVE. #3**
CITY-ST-ZIP **Miami Beach, FL 33139**

TITLE **VP** ☒ Change ☐ Addition
NAME **BEATRIZ ARENCIBIA**
STREET ADDRESS **2750 NE 183 ST #1012**
CITY-ST-ZIP **Aurora 33160**

TITLE **SD** ☐ Change ☒ Addition
NAME **KORBA, Ton**
STREET ADDRESS **350 Lincoln Road #508**
CITY-ST-ZIP **Miami Beach, FL 33139**

TITLE **T** ☐ Change ☒ Addition
NAME **Tiffany Madera**
STREET ADDRESS **2380 SW 28 St.**
CITY-ST-ZIP **Miami, FL 33141**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1-3-03 305)538-1608

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/02)